

TOWN OF CLINTON SUMMER RECREATION**REGISTRATION FORM**Please **PRINT** all informationComplete a separate form for **EACH** child**For Office Use Only**

Date Received: _____

Registration Ck #: _____ Ck Amount: _____

Trip Ck# _____ Ck Amount: _____

I am signing my child up for: *(please X the appropriate information below)*

_____ All 4 Weeks

_____ 3 Weeks (indicate which weeks) _____ (6/25-6/29) _____ (7/2-7/6) _____ (7/9-7/13) _____ (7/16-7/20)

_____ Weekly (indicate which week(s)) _____ (6/25-6/29) _____ (7/2-7/6) _____ (7/9-7/13) _____ (7/16-7/20)

Child's Name _____

Address _____

Present Grade _____

(2017-2018 school year)**Health History**

- Include items important to program management (chronic conditions, seizure activity, respiratory conditions, physical limitations, vision/hearing deficiencies, medication taken regularly, contact lenses, etc.)

Allergies: List _____

Usual Signs/Symptoms _____

Suggested Management _____

Clinton Town Recreation Program provides basic first aid. Illness/Injury requiring additional care may result in the following:

1. Parent/Guardian contact to provide further care.
2. First Aid Squad transport to Hunterdon Medical Center for emergency care.

No medication will be supplied/administered by the Summer Recreation Program.**Parent/Guardian (please print)** _____ **Date** _____**Contact number during Summer Rec. hours: (please include area code)**_____
Mother's Name and Cell #_____
Father's Name and Cell #**Alternate Contact and Cell #:** _____

Please indicate how your child will be going home. (X on the line)

_____ Daily bus to Glen Gardner

_____ Walker

_____ Daily Pick-up

ANY student being picked up **MUST** be signed out each day. Please print the name of the person(s) who have permission to pick-up your child if other than the mother and father named above: